

EPI Update for Friday Sept. 8, 2006
Center for Acute Disease Epidemiology
Iowa Department of Public Health

Items for this week's EPI Update include:

- **Influenza vaccine update for 2006 – 2007 flu season**
- **September is Food Safety Education Month: Don't let those foods touch!**
- **Is that a spider bite or could it be MRSA?**
- **Human plague in four states**
- **September is *also* National Cholesterol Education Month**

Influenza Vaccine Update for 2006 – 2007 flu season

According to manufacturer estimates, more influenza vaccine should be available this year than ever before. Influenza vaccine manufacturers report they expect to produce more than 100 million doses of influenza vaccine this year.

In the next few months, it may appear that some providers of vaccine have more influenza vaccine than others. This occurs because there are multiple manufacturers, distributors and distribution channels, each of which has different distribution plans and schedules. Unfortunately, some health care providers may not have their full allotment of vaccine until November or later, depending on the manufacturer, distributor or order date. If you have concerns about this, please contact your vaccine distributor.

The best time to vaccinate is in October and November, but vaccine should continue to be given thru December and January. To avoid missing opportunities to vaccinate high risk persons and their household contacts, such persons should be offered vaccine beginning in September during routine health care visits or during hospitalizations, if vaccine is available. Household contacts include out-of-home caregivers and household children between 0 through 59 months of age^[D1].

Usually, in Iowa, influenza season begins in early December and peaks in February. Influenza vaccine should continue to be offered throughout the influenza season, even after influenza activity has been documented in a community.

Influenza-expanded recommendations for the 2006-2007 season include routine influenza vaccination of children 6 months through 5 years of age and routine vaccination for household contacts as well as out-of-home caregivers of all children through 5 years of age.

Health care workers: You should not only encourage others to get vaccinated, but be sure to get your shot too!

September is Food Safety Education Month: Don't let those foods touch!

This week's reminder to support National Food Safety Education Month continues with a second simple food safety tip: **SEPARATE: Don't cross-contaminate one food with another.**

Cross-contamination occurs when pathogenic bacteria is spread from a food to a surface, from a surface to another food, or from one food to another.

Ways to prevent cross-contamination:

1. Separate foods that may already have pathogenic bacteria on them, such as raw meat, poultry, seafood and eggs, from other foods in your refrigerator. Use containers to keep these foods from touching other foods. Don't let juices or liquids from these foods drip into other foods.
2. Use two cutting boards; one for fresh produce (fruits and vegetables), and a different one for raw meat, poultry, and seafood.
3. Never place cooked food on a plate that previously held raw meat, poultry, seafood, or uncooked eggs. (This is a problem particularly when grilling outside. The raw hamburger patties are put on a plate, and then when cooked put back on the same plate to take back inside the house.)
4. Never reuse marinades that were used on raw foods.

Each week during the month of September, the Center for Acute Disease Epidemiology and the Office of Technical Assistance, Division of Environmental Health will be providing tips in the Friday EPI updates on educating the public on steps they can use to handle and prepare food safely. Look for next week's tip on cooking foods to proper temperatures.

For more information, visit the Centers for Disease Control and Prevention (CDC) Web site at

www.cdc.gov/ncidod/op/_resources/OOP%20Brochure%2012.20.05.pdf or
www.foodsafety.gov/~fsg/september.html

Is that a spider bite or could it be MRSA?

Is that red bump a spider bite or could it be an infection caused by methicillin-resistant *Staphylococcal aureus* (MRSA) has been a reported cause of health care associated infections since the 1960s. However, a new type of MRSA has emerged and has been present in Iowa since at least the late 1990s. This newer type of MRSA affects people that have not been in a health care system and is therefore called community-acquired MRSA (CA MRSA).

In the Aug. 17 issue of the New England Journal of Medicine, UCLA researchers reported MRSA as the most common cause of skin and soft-tissue infections coming to emergency rooms across the country. Community-acquired MRSA most often manifests itself on the skin as a boil or pimple that can be swollen, red, and painful, and have drainage. Patients with MRSA are likely to think that a spider bite is the reason for a skin lesion in the absence of other skin problems. Any “spider bite” or other type of skin lesion that is not healing should be checked by a doctor to determine the cause.

Outbreaks of community-acquired MRSA have been reported in athletes, prisons and jails, military recruits, children and others. With schools back in session, there has already been a recent report of athletes with skin lesions related to MRSA in Iowa. CDC has issued recommendations for preventing skin infections among sports participants. The Iowa High School Athletic Association has a skin condition report for wrestlers on their Web site.

For more information on MRSA and community-acquired MRSA, go to www.cdc.gov/ncidod/dhqp/ar_mrsa.html.

CDC recommendations for sports participants are at www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a4.htm.

The Iowa High School Athletic Association Wrestling Skin Condition Report is at www.iahsaa.org/skinform.pdf.

Human plague in four states

Plague is a zoonotic disease caused by the bacterium *Yersinia pestis*. In 2006, a total of 13 human plague cases have been reported among residents of four states: New Mexico (seven cases), Colorado (three cases), California (two cases), and Texas (one case). This is the largest number of cases reported in a single year in the U.S. since 1994.

Dates of illness onset ranged from Feb. 16 to Aug. 14; two (15 percent) cases were fatal. The median age of patients was 43 years (range: 13–79 years); eight (62 percent) patients were female. Five (38 percent) patients had primary septicemic plague, and the remaining eight (62 percent) had bubonic plague. Two (15 percent) patients developed secondary plague pneumonia (which, unlike bubonic plague, is communicable), resulting in antibiotic prophylaxis being given to their health care providers.

The report summarizes six of the 13 cases, highlighting the severity and diverse clinical presentations of plague and underscoring the need for prompt diagnosis and treatment when plague is suspected.

Note: due to a variety of environmental conditions, plague is not naturally found in Iowa. Thus any human or animal cases of plague that might occur in Iowa, would have to be [\[D2\]](#) imported from elsewhere.

For the full CDC Morbidity and Mortality Weekly Report, visit www.cdc.gov/mmwr/preview/mmwrhtml/mm55d825a1.htm.

September is *also* National Cholesterol Education Month

In addition to September being “Food Safety Education Month,” it has also been designated “National Cholesterol Education Month.” Because what you eat is directly related to your cholesterol level, this is a great time to learn about both topics.

The National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health has published a new booklet, “Your Guide to Lowering Your Cholesterol with TLC (Therapeutic Lifestyle Changes),” which details a three-part program of diet, physical activity, and weight management designed to bring cholesterol levels down.

The 80-page easy-to-read booklet is based on the National Cholesterol Education Program (NCEP) guidelines on cholesterol management. The guidelines emphasize the importance of these changes and include heart-healthy eating, physical activity, and weight control for cholesterol management.

An electronic version of the booklet is available at www.nhlbi.nih.gov/health/public/heart/chol/chol_tlc.htm. Printed copies are available for \$4.00 through the NHLBI Web site or from the NHLBI Information Center at P.O. Box 30105, Bethesda, MD 20824-0105, or at 301-592-8573 or 240-629-3255 (TTY).

Have a food-safe, low cholesterol week!
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